



## INCIDENT REPORT FORM

Please note that this form is to be filled in by a member of the committee, the group coordinator present or the person effected and should be retained on file by the coordinator with a copy being sent to u3a committee secretary in case of a claim and for a period of three years, even if a claim appears unlikely.

### 1. Incident details

Event/Group Activity	
Date of incident	
Time of incident	
Where did the incident occur?	
Please describe the circumstances of the incident and possible cause <i>Attach a sketch or photograph(s) if possible</i> <i>Use additional blank pages if need be.</i>	

### 2. Details of injury (complete if injury)

Describe the injury/injuries
Immediate action taken
Treatment at the scene
Admission to hospital
Ongoing medical treatment

### 3. Details of damaged property (complete if damage)

Describe damage caused
Estimated cost of repair or replacement



#### 4. Contact details and declaration

	Coordinator	Party involved	Party effected	Witness
Name				
u3a member?				
Email				
Telephone				
Address				
Postcode				
I/We declare that to the best of my/our knowledge and belief all the foregoing particulars are true and correct in all respects.				
Signed				
Dated				